PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Regulation Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. APP 3 STOOD

FEETR	AN	SMI	TTAL	•
for	FY	200	2	

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete if Known
10/047,686
NOVEMBER 13, 2001
REIKO KOSHIDA
UNKNOWN
1751
AD 6836 US NA

Check	METHOD OF PAYMENT (check all that apply)				FEE C	ALCULATION (continued)				
Deposit Account Deposit Account Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account										
Deposit Account Deposit A	Check Credit Card Card Card Card									
Deposit Account Number										
Deposit Account Number	Deposit Account:					- Faid				
Deposit Account Name E. I. du Pont de Nemours and Company Name E. I. du Pont de Nemours and Company Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account The Cha		105	130							
Deposit Account Name E. I. du Pont de Nemours and Company Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below	7,0000	127	50	227		cover sheet.				
Account Name E. I. du Pont de Nemours and Company 147 2,520 14	Denosit	139	130							
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments 113 1,840* 13 1,840* 144.40* 145 14	Account E. I. du Pont de Nemours and Company				•	For filing a request for reexamination				
Charge fee(s) indicated below		112	920*	112	920*	Examiner action				
Charge any additional fee(s) during the pendency of this application 116 400 216 200 Extension for reply within first month 116 400 218 200 Extension for reply within first month 117 920 217 460 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 118 1,440 218 720 228 880 Extension for reply within first month 128 1,540 228 880 Extension for reply within first month 128 1,540 228 880 Extension for reply within first month 128 1,540 228 880 Extension for reply within first month 128 1,540 228 880 Extension for reply within first month 128 1,540 240	Charge fee(s) indicated below Credit any overpayments	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action				
Charge fee(s) indicated below. except for the filling fee to the above-identified deposit account	Charge any additional fee(s) during the pendency of this application	115	110	215	55					
Total Claims	Charge fee(s) indicated below, except for the filling fee to the		400	216	200					
Total Claims	above-identified deposit account		920	217	460					
19 320 219 160 Notice of Appeal	FEE CALCULATION		1,440	218	720	Extension for reply within fourth month				
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Code (\$) Code (\$) Fee Paid 121 280 221 140 Request for oral hearing Petition to institute a public use proceeding Petition to revive – unavoidable 138 1,510 138 1	4 PASIC EILING FEE	128	1,960	228	980	Extension for reply within fifth month				
Total Claims		119	320	219	160					
Code (\$) Code (\$) Fee Paid 121 280 221 140 Request for oral hearing Petition to institute a public use proceeding Petition to revive – unavoidable 140 110 240 55 Petition to revive – unavoidable 141 1,280 241 640 Petition to revive – unavoidable 142 1,280 242 640 Utility issue fee (or reissue) 143 460 243 230 Design issue fee 144 620 244 310 Petitions to the Commissioner 142 130 122 130 Petitions to the Commissioner 143 146 146 146 146 147 147 148 14	Fee Fee Fee Fee Description	120	320							
101	Too Too	121	280	221	140					
107 510 207 255 Plant filing fee 140 110 240 55 Petition to revive – Unavoluable 141 1,280 241 640 Petition to revive – Unintentional 142 1,280 242 640 Petition to revive – Unintentional 142 1,280 242 640 Petition to revive – Unintentional 142 1,280 242 640 Petition to revive – Unintentional 142 1,280 242 640 Petition to revive – Unintentional 143 460 243 230 Design issue fee 144 620 244 310 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17(q) Submission of Information Disclosure Stmt St	To the state of th	138	1,510	138	1,510	proceeding				
108 740 208 370 Reissue filing fee 141 1,280 242 640 242 640 242 640 242 640 242 640 242 242 242 242 242 243 243 243 243 243 244	Too Soo I are Silver for	140	110	240	55					
114 160 214 80 Provisional filling fee 142 1,280 242 640 Utility issue fee 143 460 243 230 Design issue fee 144 620 244 310 Plant issue fee 145 Plant issue fee 146 Plant issue fee 148 Plan	Dalama Silve for	141	1,280	241	640					
143 460 243 230 230 244 230 245 246 246 247 246 247 246 247 248	The Province of Filling for	142	1,280	242	640	· · · · · · · · · · · · · · · · · · ·				
SUBTOTAL (1) (\$) 0	114 160 214 00 107150151111111111111111111111111111111	143	460	243	230					
2. EXTRA CLAIM FEES Extra Fee from Fee below Paid 126 180 126 180 Submission of Information Disclosure Stmt 126 180 126 126 180 126 1	CURTOTAL (4) (S) O	144	620	244						
Extra Claims Total Claims -20 = 0	SUBICIAL (1)									
Total Claims	2. EXTRA CLAIM FEES	123	50	123	50					
Independent Claims -3 = 0 X 84 = 0 146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a)) Multiple Dependent Large Entity Small Entity 581 40 581 40 property (times number of properties) 146 740 249 370 Filing a submission after final rejection (37 CFR § 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 179 740 279 370 Request for Continued Examination	Extra Fee from Fee Claims Claims Paid Total Claims 20 = 0 X 18 = 0		180	126	180	Stmt				
Claims 146 740 246 370 Filling a submission and matrices and matrice			40	581	40	property (times number of properties)				
Dependent examined (37 CFR § 1.129(b)) Large Entity Small Entity 279 370 Request for Continued Examination		146	740	246	370	(37 CFR § 1.129(a))				
(BCE)		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))				
Fee Fee Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 "Reissue independent claims over original patent 100 18 210 9 "Request for expedited-examination of a design application Till 169 900 169 900 Request for expedited-examination of a design application Till Other fee (specify) SUBTOTAL (2) (\$) 0 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	- Lange - Lang	179	740	279	370	(BCE)				
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 "Reissue independent claims over original patent 110 18 210 9 "Reissue claims in excess of 20 and over original patent **Reissue claims in excess of 20 and over original patent **SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0	Code (\$) Code (\$)	169	900	169	900	Request for expedited examination of a				
102 84 202 42 Independent claims in excess or 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 "Reissue independent claims over original patent 110 18 210 9 "Reissue claims in excess of 20 and over original patent **Reissue claims in excess of 20 and over original patent **SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0		ŀ		ı		design application				
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 *Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) *Reduced by Basic Filling Fee Paid SUBTOTAL (3)	102 84 202 42 Independent claims in excess of 3	Other fee (specify)								
109 84 209 42 "Reissue Independent Claims of State of Part of State of Stat	104 280 204 140 Multiple dependent claim, if not paid									
110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 *Reduced by Basic Filling Fee Paid SUBTOTAL (3) (\$) 0	109 84 209 42 Reissue independent daims over									
SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)0		2 2 X								
SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$70)		-								
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$70	SUBTOTAL (2) (\$) 0	1				4 = 0				
* Mar number previously DRIG II dieddel. Ful noissuos, soo soots	**or number previously paid, if greater, For Reissues, see above	•Re	duced by	Basic Fi	ling Fee	Paid SUBTOTAL (3)				
or number previously parts, it greatery	Of Humber providedly party in grants					0				

			_	Complete	e (if applicable)	
SUBMITTED BY					000 2020	
	illiam H/Hamby	Registration No. Attorney/Agent)	31,521	Telephone	(302) 992-3230	_
Name (Print/Type)		111		Date	4/18/02	
Signature	VANIN AA	14/1-		Date		_
Signature .	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19. 100				

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

PTO/SB/92 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Index the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

> Assistant Commissioner for Patents Washington, D.C. 20231

April 18, 2002 on

Date

RECEIVED
TO 1700

ANN F. GRIFFITH

Type or printed name of person signing Certificate

Each paper must have its own certificate of mailing, or this certificate must identify each Note: submitted paper.

10/047,686 AD 6836 US NA Information Disclosure Statement Cited References